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PTO/SB/05 (1/98)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	4231US
	First Inventor or Application Identifier	Ronald Vogels
	Title	GENE DELIVERY VECTORS PROVIDED WITH A TISSUE TROPISM FOR SMOOTH MUSCLE CELLS, AND/OR ENDOTHELIAL CELLS
	Express Mail Label No.	EL413914475US

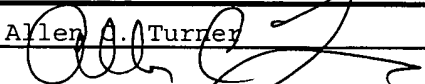
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 62] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention plus cover sheet</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24]	
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]<ul style="list-style-type: none"><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

<b>ACCOMPANYING APPLICATION PARTS</b>	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other: .....	
* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP)	of prior application No: 09/348,354
Prior application information: Examiner _____ Group / Art Unit: _____	

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
Name	Allen C. Turner Trask, Britt & Rossa				
Address	P.O. Box 2550				
City	Salt Lake City	State	Utah	Zip Code	84110
Country	U.S.A.	Telephone	(801) 532-1922	Fax	(801) 531-9168

Name (Print/Type)	Allen C. Turner	Registration No. (Attorney/Agent)	33,041
Signature		Date	11/19/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>November 19, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Ronald Vogels</td> </tr> <tr> <td>Examiner Name</td> <td>To be assigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>To be assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>4231US</td> </tr> </table>		Application Number		Filing Date	November 19, 1999	First Named Inventor	Ronald Vogels	Examiner Name	To be assigned	Group / Art Unit	To be assigned	Attorney Docket No.	4231US
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TOTAL AMOUNT OF PAYMENT	(\$857.00)														

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>20-1469</u></p> <p>Deposit Account Name: <u>Trask, Britt &amp; Rossa</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	<h3>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Allen C. Turner	Reg. Number	33,041
Signature		Date	11/19/99
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